Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 APR 18 ANII: 22

Full Name of Committee Committee Full Name of Candidate	o Elect Andrec	Peeples for J	udge			Registratio	n Numberi	ELECTIONS
Street Address	Peeples Street , 1	2th Floor	Office Son Frank	ight Court line	aly 1	Munici	Pal Dis	strict
City Columbus	SHEELT		1 200.	1 90.9	Sta		ip Code 432	15
Type of Report	Y Pre-Primary	Post-Primary	Pre-Gener	al		Post-Gener		Annual Year
(place X to the left of report type)	July Monthly	August Monthly	September Monthly			Terminatio	n	Semiannual
Amended Report? Yes	No Report Electronically	Filed?	Date of Election		i	1	O ^D 8	3 0 5
For candidates only, during an e No other forms are required for	lection year: if total contribution a post-primary or post-general p	is and expenditures each total \$500 or eriod, if above statement applies. See	r less during the combine R.C. 3517.10(H) for	ned pre- and pol details.	st-perio	ds at one el	ection, che	eck box 🗆
	1. Amount brought forward	f from last report	\$		D	.00		
	2. Total monetary contribut	tions (From Form No. 31-A)	\$	3 5	0	.00	}	
	3. Total other income (Fron	ı Form No. 31-A-2)	s	750	0	.00]	
	4. Total funds available (su	m of lines 1, 2, 3)	\$	785	0	.00	}	
	5. Total monetary expendit	ures (From Form No. 31-B)	\$	45	0	.00	}	
	6. Balance on hand (line 4 n	ninus line 5)	\$	740	Δ	.00		
	7. Value of in-kind contribu	tions received (From Form No. 31-	J-1) \$	16	8	. 19	7	
	8. Value of in-kind contribu	tions made (From Form No. 31-J-2	s s		0	-00]	
	9. Outstanding loans owed	by committee (From Form No. 31-C	c) s	750	0	00.		
	10. Outstanding debts owed	by committee (From Form No. 31	-N) s		0	.00]	
	11. Outstanding loans owed	to committee (From Form No. 31-	к) - s		0	.00]	
	12. Value of independent ex	penditures made (From Form No.	31-U) \$		0	.00	1	
	13. For Electronic Filing En Sum of lines 2, 7, and a	ntitles only mount of any new loans received th	is period. \$				1	
	AINED IN THIS REPORT IS OF A FELONY OF THE FI	MADE UNDER THE PENALTY (FTH DEGREE.	OF ELECTION FAL	SIFICATION.	WHOE			,
John P. Cur Print Name and Title (Treasurer	and Deputy Treasurer only)	Signature P	Curp			_04	Date	105
Contribution 2	Expendit p2	ure 2	Other 2				Tota	

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee to Elect Andrea Peep	les for Judge_					
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
Richard Borror						
Street Address	Employer/Occ	apation/Labor Organization	1			Form (Cash, Check, etc.)
3036 Leeds Road						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH L	43221	0 1	24	0 5	50.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	VC
Mark A. Serrott			L			
Street Address	Employer/Occ	upation/Labor Organization	n.			Form (Cash, Check, etc.)
789 Northwest Blvd A						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43212	0 3	16	0 5	250.00
Full Name of Contributor					ber, if PA	AC .
Mae Kathryn Young			İ			
Street Address	Employer/Occ	upation/Labor Organization	n			Form (Cash, Check, etc.)
1300 W. 13th Ave						Check
City	State	Zip Code	M	D	Y	Amount
Gary	IN	46407	0 4	0 6	0 5	50.00
Full Name of Contributor		1010.			ber, if PA	
an i will of commont.			ľ		,	
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)
Officer Addition	Zinpioyen Gee	apation baser organization				i onn (outin, onton,
City	State	Zip Code	М	D	Y	Amount
City	1	Zip couc	1 "1			inoun
E II N CC. with day			Pagistra	tion Nun	ber, if PA	
Full Name of Contributor			Registia	uon rum	ioei, ii FA	
Charles A. J. L.	Employer/Oss	upation/Labor Organization				Form (Cash, Check, etc.)
Street Address	Employer/occ	upation/Lauor Organization	ı			roini (Cash, Check, etc.)
	- Chata	Zi- Code	Tw	<u> </u>	Y	A
City	State	Zip Code	M	D	, i	Amount
					1	<u> </u>
Full Name of Contributor			Registra	tion Nun	iber, if PA	IC .
						
Street Address	Employer/Occ	upation/Labor Organization	n			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
					<u> </u>	L
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .
Street Address	Employer/Occ	upation/Labor Organization	n			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Nun	iber, if PA	\C
Street Address	Employer/Occ	upation/Labor Organization	n			Form (Cash, Check, etc.)
	1]
City	State	Zip Code	M	D	Y	Amount
			[]		['	[
* Required for contributions over \$100 to statewide and gener	1 11 11 11 12 16	12 15 1				

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 350.00

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Page	<i>√</i> ⊃	

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peeples for	Indae							
Full Name of Contributor	Employer, Occur	oation, Labor Organization *	Registra	tion Nun	iber, if	PAC		
Andrea C. Peeples							'	
Street Address	Description of Item or Service			D	Y	F	air Market Value	
5596 Winsor Woods Drive	Badges			0 2	0	5	12.79	
City	State	Zip Code	Receive	d at Fund			nt?	
Gahanna,	OH 43230			YES			NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Nun	nber, if	PAC		
Andrea C. Peeples		···						
Street Address	Description of Ite		М	D	Y		air Market Value	
5596 Winsor Woods Drive	Inte	rnet Serivices		0 8			155.40	
City	State	Zip Code	Receive	d at Fund	lraising	_		
Gahanna,	OH	43230		YES			√N0	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Nun	nber, if	PAC		
Street Address	Description of Ite	em or Service	M	D	Y	F	air Market Value	
City	State	Zip Code	Receive	d at Fund YES	Iraising	g Ever	nt? NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *							
Street Address	Description of Item or Service			D	Y	F	air Market Value	
City	State	Zip Code	Received at Fundraising Event? YES NO				 1	
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Nun	nber, if	PAC		
Street Address	Description of Ite	em or Service	M	D	Y	F	air Market Value	
City	State	Zip Code	Received at Fundraising Event? YES NO			-		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Nun	nber, if	PAC		
Street Address	Description of Ite	em or Service	M	D	Y	F	air Market Value	
City	State	Zip Code	Received at Fundraising Event?				-	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Nun	nber, if	PAC		
Street Address	Description of Item or Service			D	Y	F	air Market Value	
City	State Zip Code			Received at Fundraising Event? YES NO			·	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	tion Nun	nber, if	PAC		
Street Address	Description of Ite	em or Service	M	D	Y	F	air Market Value	
City	State	Zip Code	Receive	d at Fund	Iraising	g Eve	-	
		<u> </u>		YES			NO	

Page Total \$ 168.19

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					-	
Committee to Elect Adrea Pe	eples for Judge			<u> </u>	V Am	
To Whom Paid Expenditures from Form 31-F	3		$\begin{bmatrix} M \\ 0 \end{bmatrix} 4$	$\begin{vmatrix} D \\ 1 \end{vmatrix} 4 \end{vmatrix}$	$0 \mid 5$	450.00
Address	Purpose			1 4 1 4 1 1	<u> </u>	
City	State	Zip Code	Check N	lumber		
To Whom Paid			M	D.	Y Am	ount
Address	Purpose	· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code	Check N	lumber		
To Whom Paid			М	D	Y Am	ount
Address	Purpose			<u> </u>		· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	Check N	lumber		
To Whom Paid			M	D	Y Am	ount
Address	Purpose			<u> </u>		
City	State	Zip Code	Check N			
To Whom Paid			M	D	Y Am	ount
Address	Purpose			┖┈╶ ┖┈╤┺╌	- 1	
City	State	Zip Code	Check N	lumber		
To Whom Paid			M	D	Y Am	ount
Address	Purpose		<u>. – </u>			
City	State	Zip Code	Check N	lumber		
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		М	Ď	Y Am	ount
Address	Purpose					
City	State	Zip Code	Check N	lumber		
To Whom Paid		 	M	D	Y Am	ount
Address	Purpose			<u> </u>		
City	State	Zip Code	Check N	lumber		

Page Total \$ ____450.00

31-F R.C. 3517.10

Event Date	04/14/05 #######
Page	5

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

	_							_
Name of Committee in Full								
Committee to Andrea Peeples for Judg	ge							
To Whom Paid				M	D	Y	Amount	
The Hawk Galleries				0 3	3 31	0 5	5	450.00
Address	Purpose	-						
153 E. Main St.	1	ie Rei	ntal					
City		tate	Zip Code	Check Number				
Columbus	OH 43214				1001			
To Whom Paid	ТОП	L	10211	M	D D	Y	Amount	
10 Whom Faid				- 1	~		, iniouni	
	In				ـــلــــــ			_
Address	Purpose							
						.		
City	Si	tate	Zip Code	Check N	lumber			
To Whom Paid				М	D	Y	Amount	
Address	Purpose		····	-		• · · · · · · · · · · · · · · · · · · ·	1	
City	S	tate	Zip Code	Check N	Number			
City		1						
7. 111	<u> </u>	<u> </u>		M	D	Y	Amount	
To Whom Paid				l M		1	Amount	
					<u> </u>			
Address	Purpose							
	<u> </u>							
City	S	tate	Zip Code	Check N	Vumber			
To Whom Paid			<u></u>	М	D	Y	Amount	
Address	Purpose						. I	
C:to:		tate	Zip Code	Check ?	Jumber			
City			Zip Code	Chook	Turrio Cr			
						1 17		
To Whom Paid				M	D	Y	Amount	
							<u> </u>	
Address	Purpose							
City	S	tate	Zip Code	Check N	Vumber			
	1	1						
To Whom Paid		-		М	D	Y	Amount	
				1 1				
Address	Purpose				Ц.,			
Addiess	upose							
	↓		7: 6 1	[c: :-	, , , -			
City	l S	tate	Zip Code	Check I	Number			
	1							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 450.00	Page Total \$	450.00
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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Common these to Fleet ANDREA PE	EDIEC L	ec longs	
Full Name	CILLO IC	. J004r	Registration Number, if PAC
Calvin L. Peeples - Loan to	Comm. H	ee from 31-C	
Name of Committee in Full Committee to Elect ANDREA Per Full Name Calvin L. Peeples - Loan to Address 6401 Stoll Lane	L Type*		M 3 1 6 0 5 Amount 7, 500.00
City Cincinnati	State O 14	Zip Code 45236	Form (Cash, Check, etc.)
Full Name	- 11	19430	Registration Number, if PAC
run ivanie		· · · · · · · · · · · · · · · · · · ·	TO STANDARD TO THE STANDARD TO
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	1	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u></u>	_ <u> </u>	Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	1	Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	l l ,		Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

31-C R.C. 3517.10

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Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect As	ndrea	Peer	les for	Judg	 ge									
From Whom Received							:			Prior	Amo	ount		Amt. Incurred this Period
Calvin L. Peeples										l			0.00	7,500.00
Address														Outstanding Balance
6401 Stoll Lane														7,500.00
_{City} Cincinnati	State DH	Zip Cod 4523		Loans Received This Period Date Amount					Paym Date				nents This Period Amount	
Date Loan was originally Incurred	м 0 3	D 1 6	$0 \mid 5$	м 0 3	1 D	y 0	5	7,50	00.00	M		D 	Y	\$
Registration Number, if PAC		<u> </u>		М	D	Y		· · · · · · · · · · · · · · · · · · ·		М		D 	Y	
Employer/Occupation/Labor Organization*				М	D	Y			-	М		D	Y	
From Whom Received				<u> </u>	•	•				Prior	Amo	ount		Amt. Incurred this Period
Address				± ,										Outstanding Balance
City	State	Zip Cod	le	Loans Received This Period Date Amount					Paym Date				nents This Period Amount	
Date Loan was originally Incurred	M	D	Y	М	D	Y	\$			M		D 	Y	\$
Registration Number, if PAC	· · · · · ·			М	D	Y				M		D	Y	
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y	
From Whom Received				<u>'</u>						Prior	Amo	ount		Amt. Incurred this Period
Address				-				-						Outstanding Balance
City	State	Zip Coc	ie	Loans Received This Period Date Amount						Payments T Date				nents This Period Amount
Date Loan was originally.	М	D	Ÿ	М	D	Y	\$	-		М		D	Y	\$
Registration Number, if PAC	•			М	D	Y				M		D 	Y	
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y	
								···						

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount 3	0.00	
2	Total received this period \$	7,500.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	7,500.00	(To Form No. 30-A)